

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 10/92) EF

See Instructions and *Privacy Statement On Reverse Side

CLAIMANT'S NAME George Valverde		SSAN OR EMPLOYEE NUMBER*		DEPARTMENT Motor Vehicles		
POSITION Director		CB/ID NUMBER	DIVISION OR BUREAU Executive		INDEX NUMBER	
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS 2415 First Avenue		TELEPHONE NUMBER	
CITY		STATE	ZIP CODE	CITY Sacramento	STATE CA	ZIP CODE 95818

(1) MONTH/YEAR 11&12/2009		(3)	(4)	(5) MEALS			(6)	(7) TRANSPORTATION				(8)	(9)
(2)		LOCATION WHERE EXPENSES WERE INCURRED		BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	INCIDENTALS	(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES AMOUNT	BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME		LODGING										
Nov.													
17	1340 1441	Sacramento							SC	7.00			7.00
Dec.													
1	1345 1455	Sacramento							SC	6.00			6.00
29	1105	Pasadena	126.70			18.00			SC a				144.70
30	1428	Pasadena/Sacramento		6.00	10.00		6.00		a SC	29.00			51.00
(10) SUBTOTALS			126.70	6.00	10.00	18.00	6.00			42.00			208.70
COLUMN CODE (ACCTG. USE ONLY)													

CLAIM TOTAL	\$ 208.70
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(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

11/17: Met with the Undersecretary of the Business, Transportation and Housing Agency.

12/1: Met with Bill Leonard, Board of Equalization. 29: Invited to and participated in the Donate Life Family Circle Rose Dedication event.; 30: met with staff of the Pasadena Field Office to discuss issues currently impacting the department.

(12) NORMAL WORK HOURS
(13) PRIVATE VEHICLE LICENSE NUMBER
(14) MILEAGE RATE CLAIMED
AGENCY ACCOUNTING OFFICE USE ONLY
PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.	CLAIMANT'S SIGNATURE	DATE	(16.) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
(17.) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See Item 17 on reverse)				DATE